Uniform Commercial Code — Financing Statement — Form UCC-1

Type form. 2. If space is inadequate continue on additional sheet. 3. Enclose filing fee.
 Filings in the Secretary of State's Office must contain either the debtor's federal employer identification number or social security number.

		Prepaid account number
Debtor (if individual, last name first) and address: GLOVER, SHIRLEY A.	Debtor (if individual, last r	name first) and address:
1132 CONN.,		
LAWENCE, KANSAS 66044		
FEIN or SSN	FEIN	or SSN
		For filing officer
Secured Party and address (there may be more than one): (Type information inside gray area)		9 007566
HANNA'S 933 MASS.,		0.12
LAWERNCE, KANSAS 66044		DOUGLAS CO
		4 000 MOSTE
3. Assignee and address if applicable		OCT OF OCE STORY
		GA OF OFFICE AND
		ATTION IS
4. Mark, if applicable: [] Products of collateral are also covered. 4. Mark, if applicable: [] Products of collateral are also covered.	[] The debtor is a tran	nsmitting utility
5. (a) This financing statement covers the following types (or items) of p	roperty: (Describe)	
FRIGIDIARE AIR CONDITIONER MODEL # AR10	ME5N2 SERIAL # JK	04600506
(b) If collateral is crops, the above described crops are growing or are t	o be grown on; (Describe real	estate)
(c) If applicable, the above (goods are to be come fixtures on:) (timber financed at the wellhead or minehead of the well or mine located on:) (s standing on:) (minerals or the	like, including oil and gas, or accounts will be
Name of record owner:		
6. If filing without debtor signature items a, b, c or d must be marked: a. [] Collateral already subject to a security interest in and location is changed to this state.		
b. [] Collateral is proceeds of the original collateral in whice. [] Collateral as to which the filing has lapsed. d. [] The filing covers collateral acquired after a change of		
	Z	accuas
Signature of Debtor	Signatur	re of Secured Party (or assignee)
A Shile of A. Allower	ス	Ist stance
Signature of Debtor	Signatur	re of Secured Party (or assignee)